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As Amended

0712

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2007

Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2007 or other tax year beginning ending 2007, and ending 20 See separate instructions.

Department of the Treasury Internal Revenue Service (77)

Print or Type: Name of organization (IHC Health Services, Inc.), Number, street, and room or suite no (36 South State, Suite 2200), City or town, state, and ZIP code (Salt Lake City, UT 84111), Employer identification number (94-2854057), Unrelated business activity codes (621500-446110)

C Book value of all assets at end of year (4,795,693,553), F Group exemption number, G Check organization type (501(c) corporation)

H Describe the organization's primary unrelated business activity. Provision of medical services to non-patients

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes

J The books are in care of IHC Health Services, Inc. Telephone number (801) 442-2000

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and a description column. Rows include Gross receipts or sales (65,802,445), Cost of goods sold, Gross profit, and Total (67,549,051).

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and a description column. Rows include Compensation of officers, Salaries and wages (5,026,090), Repairs and maintenance (99,065), Taxes and licenses (412,345), and Total deductions (62,976,863).

STATUTE UNIT RECEIVED APR 08 2013 TPR BRANCH OGDEN IRS-OSC RECEIVED MAR 29 2013 OGDEN, UT

NO STATUTE ISSUE

SCANNED APR 12 2013

5

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 35c None
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 36
37 Proxy tax. See page 16 of the instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 None

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	
b Other credits (see page 17 of the instructions) 40b	
c General business credit Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____ 40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d	
e Total credits. Add lines 40a through 40d 40e	
41 Subtract line 40e from line 39 41 None	
42 Other taxes Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42	
43 Total tax. Add lines 41 and 42 43 None	
44a Payments: A 2006 overpayment credited to 2007 44a 99,382	
b 2007 estimated tax payments 44b 1,110,000	
c Tax deposited with Form 8868 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d	
e Backup withholding (see instructions) 44e 5,975	
f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶ 44f	
45 Total payments. Add lines 44a through 44f 45 1,215,357	
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 1,215,357	
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax ▶ 281,864 Refunded ▶ 49 933,493	

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here ▶ <u>Cayman Islands</u>	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file		✓
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ None		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year 1		6 Inventory at end of year 6	
2 Purchases 2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7	
3 Cost of labor 3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No	✓
4a Additional section 263A costs (attach schedule) 4a			
b Other costs (attach schedule) 4b			
5 Total. Add lines 1 through 4b 5			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: [Signature] Date: 3/26/13 Title: VP Finance

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP code: _____ EIN: _____ Phone no: () _____

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 20)

1 Description of property

(1) **Cassia Mobile MRI**

(2)

(3)

(4)

2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	246,238	73,111
(2)		
(3)		
(4)		
Total	Total 246,238	Total deductions. Enter here and on page 1, Part I, line 6, column (B) 73,111

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **246,238**

Schedule E—Unrelated Debt-Financed Income (see instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) Statement 4				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 1,500,368	Enter here and on page 1, Part I, line 7, column (B) 1,727,458

Total dividends-received deductions included in column 8

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

Schedule J—Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

IHC Health Services, Inc.
Changes to the Previously Amended Return
December 31, 2007

EIN: 94-2854057

<u>Line #</u>	<u>Description</u>	<u>As Previously Amended</u>	<u>Currently Amended</u>	<u>Difference</u>
13	Total Unrelated Income	65,748,482	65,748,482	-
29	Total Deductions	62,976,863	62,976,863	-
30	UBTI Before NOL	2,771,619	2,771,619	-
31	Net Operating Loss Deduction	(2,771,619)	(2,771,619)	-
32	Unrelated Business Taxable Income	-	-	-
43	Total Tax	-	-	-
45	Total Payments	1,215,357	1,215,357	-
48	Overpayment	1,215,357	1,215,357	-
49	Credited to 2008	281,864	281,864	-
49	Refunded	933,493	933,493	-

**IHC Health Services, Inc.
Changes to the Previously Amended Return
December 31, 2007**

EIN: 94-2854057

The Form 990-T for the tax year ended December 31, 2007 has been amended to include a required Form 5471.

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return IHC HEALTH SERVICES, INC.	Business or activity to which this form relates UNRELATED BUSINESS INCOME	Identifying number 94-2854057
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$500,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
Table 1: Section 179 Property		
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						671,971
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs.	MM	S/L	515,687
				MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	1,187,658
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).								25
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year.					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

**SCHEDULE O
(Form 1120)**

(December 2006)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ See separate instructions.

OMB No. 1545-0123

Name

IHC Health Services, Inc.

Employer identification number

94 | 2854057

Part I Apportionment Plan Information

- 1 Type of controlled group:
 - a Parent-subsidiary group
 - b Brother-sister group
 - c Combined group
 - d Life insurance companies only

- 2 This corporation has been a member of this group:
 - a For the entire tax year.
 - b From _____, 20_____, until _____, 20_____.

- 3 This corporation consents to:
 - a Adopt an apportionment plan.
 - b Amend the current apportionment plan.
 - c Terminate the current apportionment plan.

- 4 Check the applicable box, below, concerning the status of the group's apportionment plan (see instructions).
 - a No apportionment plan is in effect and none is being adopted.
 - b An apportionment plan is already in effect. It was adopted for the tax year ending _____, 20_____, and for all succeeding tax years.
 - c All the members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, 20_____, and for all succeeding tax years.
 - d All the members of this group are adopting an apportionment plan, effective for the current tax year, which ends on 12/31, 2007, and for all succeeding tax years.
 - e The plan was terminated, effective _____, 20_____, because:
 - (i) This group ceased to remain in existence during the calendar year ending on the December 31st subsequent to the adoption of the plan.
 - (ii) A corporation which was a component member of this group on the December 31st of this tax return year is not a component member of this group on the succeeding December 31st.
 - (iii) A corporation which was not a component member of this group on the December 31st of this tax return year is a component member of this group on the succeeding December 31st.
 - (iv) All the members of the group have agreed to terminate the previously adopted plan.

- 5 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.
 - a Yes.
 - (i) The statute of limitations for this year will expire on _____, 20_____.
 - (ii) On _____, 20_____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20_____.
 - b No.

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	IHC Health Services, Inc. 94-2854057	12/2007	32991	25000	2712628	0	2770619	
2	Healthcare Captive Insurance Company 20-1937561	12/2007	17009	0	0	0	17009	
3	IHC Affiliated Services, Inc. 87-0405996	12/2007	0	0	0	0	0	
4	SelectHealth Benefit Assurance Company 87-0497549	12/2007	0	0	2910839	0	2910839	
5	Intermountain Healthcare, Inc. 87-0269232	12/2007	0	0	0	0	0	
6	-----							
7	-----							
8	-----							
9	-----							
10	-----							
	Total		50000	25000	5623467	0	5698467	

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1 IHC Health Services, Inc.	4949	6250	922294	0	0	0	0	933493
2 Healthcare Captive Insurance Company	2551	0	0	0	0	0	0	2551
3 IHC Affiliated Services, Inc.	0	0	0	0	0	0	0	0
4 SelectHealth Benefit Assurance Company	0	0	989685	0	0	0	0	989685
5 Intermountain Healthcare, Inc.	0	0	0	0	0	0	0	0
6 -----								
7 -----								
8 -----								
9 -----								
10 -----								
Total	7500	6250	1911979	0	0	0	0	1925729

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments					(f) Other
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other	
1 IHC Health Services, Inc.	250000	40000				
2 Healthcare Captive Insurance Company	0	0				
3 IHC Affiliated Services, Inc.	0	0				
4 SelectHealth Benefit Assurance Company	0	0				
5 Intermountain Healthcare, Inc.	0	0				
6						
7						
8						
9						
10						
Total	250000	40000				

IHC HEALTH SERVICES, INC.

94-2854057

NAME AND FEIN OF PARENT CORPORATION
=====

INTERMOUNTAIN HEALTH CARE, INC. 87-0269232

STATEMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

=====

SUPPLIES	1,117,374.
TELEPHONE AND UTILITIES	115,636.
TRAVEL	70,944.
OTHER INDIRECT COSTS	2,400,365.
RENT	89,363.
PHARMACEUTICALS	14,367,597.
MISCELLANEOUS	807,233.
ADVERTISING	2,090.
OUTSIDE SERVICES	37,163,853.
POSTAGE AND PRINTING	17,129.
FREIGHT	19,233.

PART II - LINE 28 - OTHER DEDUCTIONS

56,170,817.
=====

SCHEDULE C - RENT INCOME DEDUCTIONS
=====

CASSIA MOBILE MRI

SEE ATTACHED CONSOLIDATING WORKSHEET

73,111.

TOTAL

73,111.
=====

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

1. DESCRIPTION OF DEBT-FINANCED PROPERTY	2. GROSS INCOME	3. DEDUCTIONS DIRECTLY CONNECTED (3A)	4 AVERAGE ACQUISITION DEBT	5 AVERAGE ADJUSTED BASIS	6. % 4 IS OF 5	7. GROSS INCOME REPORTABLE (2 X 6)	8 ALLOCABLE DEDUCTIONS 6 + (3A + 3B)
S300 SOUTH PROPERTY	2,983,433	1,702,399.	15,665,026.	31,149,380.	50.290	1,500,368	1,727,458.
TOTALS						1,500,368	1,727,458.

IHCHS - 5300 SOUTH LLC
Average Indebtedness for UBI Calculation

<u>Date (A)</u>	<u>Indebtedness (Account 7399,7401)</u>	<u>Basis (B) (Account 6300 to 6357)</u>
January 1, 2007	15,751,268	31,979,150
February 1, 2007	15,737,367	31,828,282
March 1, 2007	15,723,392	31,677,415
April 1, 2007	15,701,219	31,526,548
May 1, 2007	15,687,051	31,375,681
June 1, 2007	15,670,105	31,224,814
July 1, 2007	15,655,771	31,073,947
August 1, 2007	15,638,664	30,923,080
September 1, 2007	15,624,163	30,772,213
October 1, 2007	15,609,583	30,621,346
November 1, 2007	15,592,238	30,470,479
December 1, 2007	15,577,488	30,319,611
Total	<u>187,968,309</u>	<u>373,792,565</u>
Average	<u>15,665,026</u>	<u>31,149,380</u>
Percent	50.29%	

IHC HEALTH SERVICES, INC
 DETAIL OF UNRELATED BUSINESS INCOME
 December 31, 2007

DESCRIPTION	SERVICE TO FOR-PROFIT UNRELATED BUSINESS		COTTONWOOD PHARMACY		TAYLORSVILLE PHARMACY		BUDGE CLINIC PHARMACY		LAYTON PHARMACY		NORTH OGDEN PHARMACY		SL CLINIC PHARMACY	
	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS
REVENUE	169,746	- 3,886,787	1,204,904	5,678,918	2,044,410	4,589,286	1,698,036	5,056,680	1,365,304	3,808,227	952,057	3,143,560	628,712	
ALLOCATION FACTOR		31.00%		36.00%		37.00%		27.00%		25.00%		20.00%		
EXPENSES														
SALARIES AND WAGES														
REPAIRS														
TAXES-FICA														
DEPRECIATION														
EMPLOYEE BENEFITS														
SUPPLIES														
TELEPHONE														
TRAVEL														
OTHER INDIRECT COSTS														
RENT														
PHARMACEUTICALS														
MISCELLANEOUS														
ADVERTISING														
OUTSIDE SERVICES														
UTILITIES														
POSTAGE AND PRINTING														
REIMBURSEMENT														
FREIGHT														
INTEREST														
TAXES														
TOTAL EXPENSES	169,746	3,742,096	1,160,050	5,807,345	2,090,844	4,459,223	1,649,543	4,979,844	1,344,558	3,948,019	987,005	3,147,876	629,576	
UBI TAX - 2006 Utah and Idaho Tax														
CHARITABLE CONTRIBUTIONS														
SPECIFIC DEDUCTION														
NET INCOME (LOSS)	0	144,691	44,854	(128,427)	(46,234)	131,063	48,493	76,836	20,746	(139,792)	(34,948)	(4,318)	(864)	

IHC HEALTH SERVICES, INC
 DETAIL OF UNRELATED BUSINESS INCOME
 December 31, 2007

DESCRIPTION	DIXIE RIVER ROAD PHARMACY		CENTRAL OREM PHARMACY		DIXIE MOB PHARMACY		HEREFORDSHIRE PHARMACY		BOUNTIFUL PHARMACY		SOUTH OGDEN PHARMACY	
	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS
REVENUE	2,514,195	703,975	2,567,773	924,398	1,967,991	393,598	2,309,061	577,265	2,767,769	747,298	2,429,357	631,633
ALLOCATION FACTOR	28.00%		36.00%		20.00%		25.00%		27.00%		26.00%	
EXPENSES												
SALARIES AND WAGES	239,576	67,081	262,435	94,477	197,892	39,578	264,919	66,230	242,489	65,472	297,405	77,325
REPAIRS	657	184	678	244	0	0	822	205	106	29	1,266	329
TAXES-FICA	14,048	3,933	15,985	5,755	11,824	2,365	19,724	4,931	13,268	3,582	16,745	4,354
DEPRECIATION	2,768	775	5,758	2,073	203	41	7,236	1,809	2,697	728	4,620	1,201
EMPLOYEE BENEFITS	43,354	12,139	50,017	18,006	35,668	7,134	54,371	13,593	42,403	11,449	59,298	15,417
SUPPLIES	(47,597)	(13,327)	(21,483)	(7,734)	(12,033)	(2,407)	(10,468)	(2,617)	(26,982)	(7,285)	(21,707)	(5,644)
TELEPHONE	326	91	314	113	314	63	314	78	314	85	314	82
TRAVEL	540	151	579	208	230	46	2,634	658	518	140	877	228
OTHER INDIRECT COSTS	187,980	52,634	191,848	69,065	146,713	29,343	172,848	43,212	207,615	56,056	180,793	47,006
RENT	0	0	0	0	0	0	0	0	0	0	0	0
PHARMACEUTICALS	1,934,290	541,602	2,054,689	739,688	1,448,398	289,679	1,611,714	402,928	2,116,324	571,408	1,900,890	494,216
MISCELLANEOUS	3,808	1,066	1,460	526	33,973	6,795	1,249	312	554	150	574	149
ADVERTISING	0	0	0	0	0	0	0	0	0	0	0	0
OUTSIDE SERVICES	10,272	2,876	13,842	4,983	1,618	324	4,968	1,242	10,090	2,724	14,694	3,820
UTILITIES	13	4	0	0	0	0	0	0	0	0	0	0
POSTAGE AND PRINTING	1,473	412	1,356	488	1,197	239	841	210	1,231	332	1,222	318
REIMBURSEMENT	0	0	0	0	0	0	0	0	0	0	0	0
FREIGHT	150	42	253	91	68	14	153	38	0	0	42	11
INTEREST	0	0	0	0	0	0	0	0	0	0	0	0
TAXES	221	62	451	162	279	56	2,961	740	139	38	1,487	387
TOTAL EXPENSES	2,391,879	669,727	2,578,182	928,145	1,866,344	373,269	2,134,286	533,571	2,610,766	704,907	2,458,460	639,200
UBI TAX - 2006 Utah and Idaho Tax												
CHARITABLE CONTRIBUTIONS												
SPECIFIC DEDUCTION												
NET INCOME (LOSS)	122,316	34,248	(10,409)	(3,747)	101,647	20,329	174,775	43,694	157,003	42,391	(29,103)	(7,567)

IHC HEALTH SERVICES, INC
 DETAIL OF UNRELATED BUSINESS INCOME
 December 31, 2007

DESCRIPTION	MEMORIAL PHARMACY		AMERICAN FORK PHARMACY		SANDY PHARMACY		MCKAY-DEE PHARMACY		LDSH PHARMACY		PCMC PHARMACY	
	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS
REVENUE	1,317,501	210,800	1,705,746	238,804	1,721,717	464,864	5,783,851	2,544,894	9,871,669	1,184,600	3,859,019	385,902
ALLOCATION FACTOR	16.00%		14.00%		27.00%		44.00%		12.00%		10.00%	
EXPENSES												
SALARIES AND WAGES	222,985	35,678	188,403	26,376	193,187	52,161	507,493	223,297	957,692	114,922	477,726	47,773
REPAIRS	14,385	2,302	10,926	8	420	113	300	132	5,972	717	33,703	0
TAXES-FICA	10,474	1,676	17,057	2,388	11,442	3,089	40,197	17,687	69,642	8,357	33,703	3,370
DEPRECIATION	43,073	6,892	30,622	4,287	6,580	1,777	17,657	7,769	19,029	2,283	1,220	122
EMPLOYEE BENEFITS	(1,047)	(168)	(7,838)	(1,097)	35,232	9,513	85,588	0	145	17	32,160	0
SUPPLIES	314	50	314	44	(14,086)	(3,803)	37,559	18,401	18,401	2,208	32,160	3,216
TELEPHONE	158	25	102	14	314	85	330	145	314	38	379	38
TRAVEL	98,245	15,719	126,495	17,709	129,089	34,854	3,879	1,707	2,286	274	73,447	0
OTHER INDIRECT COSTS	0	0	21,820	3,055	0	0	1,165,177	512,678	1,174,341	140,921	734,465	73,447
RENT	956,610	153,057	1,311,838	183,657	1,295,367	349,749	4,288,733	1,887,042	7,898,544	947,825	3,241,019	324,102
PHARMACEUTICALS	922	148	9,483	1,328	162	44	2,224	979	597	72	2,570	257
MISCELLANEOUS	0	0	0	0	0	0	0	0	0	0	0	0
ADVERTISING	10,925	1,748	10,058	1,408	9,857	2,661	28,746	12,848	29,483	3,538	30,580	3,058
OUTSIDE SERVICES	260	42	3,456	484	0	0	0	0	1,471	177	0	0
UTILITIES	2,053	328	834	117	1,320	356	1,545	680	1,969	236	0	0
POSTAGE AND PRINTING	0	0	0	0	0	0	0	0	0	0	0	0
REIMBURSEMENT	0	0	182	25	142	38	485	213	147	18	14	1
FREIGHT	0	0	0	0	0	0	0	0	0	0	0	0
INTEREST	1,369	219	171	24	872	235	83	37	0	0	0	0
TAXES	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENSES	1,360,727	217,716	1,723,983	241,357	1,669,898	450,873	6,142,437	2,702,672	10,180,023	1,221,602	4,553,836	455,384
UBI TAX - 2006 Utah and Idaho Tax												
CHARITABLE CONTRIBUTIONS												
SPECIFIC DEDUCTION												
NET INCOME (LOSS)	(43,226)	(6,916)	(18,237)	(2,553)	51,819	13,991	(358,586)	(157,778)	(308,354)	(37,002)	(694,817)	(69,482)

IHC HEALTH SERVICES, INC.
 DETAIL OF UNRELATED BUSINESS INCOME
 December 31, 2007

DESCRIPTION	UTAH VALLEY PHARMACY		ALTA VIEW PHARMACY		INTERMOUNTAIN PHARMACY		NORTH SEVIER PHARMACY		MANTI PHARMACY		ALTA VIEW LAB		AMERICA	
	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS
REVENUE	3,471,267	971,955	821,504	115,011	726,666	50,867	1,000,082	370,030	706,567	289,692	11,473,109	143,563	11,864,905	0
ALLOCATION FACTOR	28.00%		14.00%		7.00%		37.00%		41.00%		1.25%		0.13%	
EXPENSES														
SALARIES AND WAGES	319,586	89,484	(424)	(59)	213,573	14,950	174,883	64,707	161,826	66,349	1,543,732	19,317	957,041	36,042
REPAIRS	687	192	610	85	0	0	660	244	0	0	73,055	914	70,472	26,668
TAXES-FICA	18,521	5,186	0	0	10,855	760	11,086	4,102	10,152	4,162	114,647	1,435	894,305	175
DEPRECIATION	3,895	1,091	0	0	0	0	0	0	0	0	62,370	780	1,522	961,088
EMPLOYEE BENEFITS	50	14	0	0	0	0	0	0	0	0	122	2	565	0
SUPPLIES	33,585	9,404	830	116	5,914	414	4,925	1,822	3,045	1,248	771,440	9,653	834,305	175
TELEPHONE	314	88	0	0	42	3	50	18	3,280	1,345	2,389	30	1,522	0
TRAVEL	641	179	0	0	0	0	2,061	763	1,415	580	5,227	65	1,522	0
OTHER INDIRECT COSTS	623,655	174,623	115,667	16,193	100,240	7,017	144,414	53,433	114,151	46,802	1,257,028	15,729	961,088	0
RENT	2,675,631	749,177	688,293	96,361	536,904	37,594	622,344	230,267	450,785	184,822	355	4	242	30,340
PHARMACEUTICALS	36	10	(125)	(18)	367	26	732	271	2,994	1,228	26,097	327	30,340	0
MISCELLANEOUS	0	0	0	0	0	0	0	0	4,480	1,837	0	0	0	0
ADVERTISING	13,861	3,881	1,365	191	538	38	1,464	542	8,239	3,378	849,739	10,633	912,025	0
OUTSIDE SERVICES	0	0	0	0	0	0	0	0	420	172	0	2	0	0
UTILITIES	1,599	448	0	0	69	5	598	221	607	249	2,221	28	101	0
POSTAGE AND PRINTING	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REIMBURSEMENT	273	76	0	0	34	2	31	11	19	8	0	0	4,225	0
FREIGHT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEREST	490	137	0	0	415	29	302	112	221	91	0	0	0	0
TAXES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL EXPENSES	3,692,824	1,033,991	806,216	112,871	868,951	60,827	963,550	356,513	761,634	312,269	4,708,983	58,923	3,835,593	0

UBI TAX - 2006 Utah and Idaho Tax

CHARITABLE CONTRIBUTIONS

SPECIFIC DEDUCTION

NET INCOME (LOSS)	(221,557)	(62,036)	15,288	2,140	(142,285)	(9,960)	36,532	13,517	(55,067)	(22,577)	6,764,126	84,640	8,028,312	
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IHC HEALTH SERVICES, INC
 DETAIL OF UNRELATED BUSINESS INCOME
 December 31, 2007

DESCRIPTION	W FORK LAB		CASSIA LAB		COTTONWOOD LAB		LDS LAB		LOGAN LAB		MCKAY-DEE LAB		UTAH VALLEY LAB	
	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS
REVENUE	15,037	4,595,404	59,839	19,895,707	2,569	62,032,698	109,688	17,719,329	227,489	37,408,676	7,887	37,628,097	1,141,708	37,628,097
ALLOCATION FACTOR		1.30%		0.01%		0.18%		1.28%		0.02%		3.03%		
EXPENSES														
SALARIES AND WAGES	1,213	535,662	6,975	1,496,294	193	3,519,487	6,223	2,045,192	26,257	3,320,495	700	3,616,518	109,732	3,616,518
REPAIRS	46	15,381	200	49,665	6	142,391	252	71,450	917	84,418	18	97,760	2,966	97,760
TAXES-FICA	89	41,988	547	103,380	13	271,973	481	154,340	1,981	280,925	59	280,667	8,516	280,667
DEPRECIATION	34	20,167	263	24,107	3	331,645	586	71,022	912	137,283	29	184,205	5,589	184,205
EMPLOYEE BENEFITS	1		0	863	0	520	1		0		0	71	2	71
SUPPLIES	1,057	352,068	4,584	1,610,028	208	7,121,857	12,593	1,155,156	14,830	1,282,366	270	4,089,730	124,394	4,089,730
TELEPHONE	0	9,152	119	1,170	0	6,104	11	117	2	2,967	1	1,193	36	1,193
TRAVEL	2	2,185	28	1,311	0	4,952	9	3,073	39	7,519	2	10,639	323	10,639
OTHER INDIRECT COSTS	1,218	558,265	7,269	1,886,162	244	5,615,280	9,929	1,903,083	24,433	3,638,956	767	3,300,923	100,156	3,300,923
RENT	1		0	(3)	(0)	15,412	27	2,975	38		0		0	
PHARMACEUTICALS	0		0	634	0	1,653	3	1,034	13	535	0	67	2	67
MISCELLANEOUS	38	328	4	132	0	9,936	18	59,599	765	64,680	14	26,715	811	26,715
ADVERTISING	0		0		0		0							
OUTSIDE SERVICES	1,156	178,239	2,321	1,078,895	139	4,501,484	7,960	1,020,953	13,107	3,163,465	667	1,877,157	56,957	1,877,157
UTILITIES	0		0		0	2,737	5		0		0		0	
POSTAGE AND PRINTING	0		0	2,837	0	5,360	9	2,194	28	7,972	2	2,728	83	2,728
REIMBURSEMENT	0		0		0		0		0		0		0	
FREIGHT	5	1,010	13	21	0	3,690	7	2,628	34	20,080	4	38,929	1,181	38,929
INTEREST	0		0		0		0		0		0		0	
TAXES	0	500	7		0	19	0	250	3		0	2,640	80	2,640
TOTAL EXPENSES	4,861	1,714,965	22,331	6,255,496	808	21,554,500	38,113	6,493,066	83,361	12,011,661	2,532	13,539,942	410,828	13,539,942
UBI TAX - 2006 Utah and Idaho Tax														
CHARITABLE CONTRIBUTIONS														
SPECIFIC DEDUCTION														
NET INCOME (LOSS)	10,176	2,880,439	37,508	13,640,211	1,761	40,478,198	71,575	11,226,263	144,128	25,397,015	5,355	24,088,155	730,880	24,088,155

UBI TAX - 2006 Utah and Idaho Tax

CHARITABLE CONTRIBUTIONS

SPECIFIC DEDUCTION

NET INCOME (LOSS)

IHC HEALTH SERVICES, INC
 DETAIL OF UNRELATED BUSINESS INCOME
 December 31, 2007

DESCRIPTION	CENTRAL LAB		LAUNDRY TO U OF U		OUTSIDE COURIER		DIXIE		CLINICAL		Subtotal
	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	
REVENUE	29,433,027	3,004,129	7,321,434	1,501,834	4,316,275	297,021	18,976	2,249,235	38,154,715	65,802,445	
ALLOCATION FACTOR	10.21%		20.51%		6.88%						
EXPENSES											
SALARIES AND WAGES	11,969,029	1,221,638	3,161,941	648,604	2,341,487	161,128	11,729	831,037	840	5,026,090	
REPAIRS	386,369	39,435	123,607	25,355	117	8		11,930	10,310	99,065	
TAXES-FICA	846,283	86,377	234,047	48,010	172,922	11,899		59,141	2,247	354,891	
DEPRECIATION	1,179,219	120,359	753,226	154,508	11,138	766		223		328,350	
EMPLOYEE BENEFITS	1,755,754	179,204	2,585	530	2,914	201	3,519	190,724		632,350	
SUPPLIES	7,372,127	752,448	801,658	164,443	61,927	4,261		68,104	174	1,117,374	
TELEPHONE	6,274	844	6,659	1,366	6,658	4,807		220	210	10,643	
TRAVEL	57,734	5,893	5,601	1,149	6,658	458		50,033	3,759	70,944	
OTHER INDIRECT COSTS		0	1,019,063	209,039	753,394	51,844				2,400,365	
RENT	483,348	49,334	60,930	12,498	354,653	24,405				89,363	
PHARMACEUTICALS	137	14	0	0	0	0		1,871		14,367,597	
MISCELLANEOUS	1,905,114	194,449	126,870	26,025	682,430	46,961	392	497,556		807,233	
ADVERTISING	2,479	253	0	0	0	0				2,090	
OUTSIDE SERVICES	4,480,401	457,299	196,273	40,261	8,686	598		548,649	35,776,790	37,163,853	
UTILITIES	123,246	12,579	445,303	91,344	2,685	185				104,993	
POSTAGE AND PRINTING	53,821	5,493	122	25	270	19		4,450		17,129	
REIMBURSEMENT		0	3,097	635	348	24				0	
FREIGHT	149,972	15,307	0	0	0	0		1,184		19,233	
INTEREST		0	0	0	0	0				0	
TAXES	98,350	10,038	115,172	23,625	13,568	934				38,181	
TOTAL EXPENSES	30,871,657	3,150,965	7,056,154	1,447,418	4,483,056	308,498	15,640	2,265,122	35,794,330	62,649,746	

UBI TAX - 2006 Utah and Idaho Tax

CHARITABLE CONTRIBUTIONS

SPECIFIC DEDUCTION

NET INCOME (LOSS)

(1,438,630)	(146,636)	265,280	54,416	(166,781)	(11,477)	3,336	(15,887)	2,360,385	3,152,699
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IHC HEALTH SERVICES, INC
 DETAIL OF UNRELATED BUSINESS INCOME
 December 31, 2007

DESCRIPTION	CASSIA MOBILE MRI		5300 SOUTH LLC		GRAND TOTAL
	TOTAL BUSINESS	UNRELATED BUSINESS	TOTAL BUSINESS	UNRELATED BUSINESS	
REVENUE	1,734,248	246,238	2,983,433	1,500,368	67,549,051
ALLOCATION FACTOR	14 20%		50 29%		
EXPENSES					
SALARIES AND WAGES	35	5	65,760	33,071	5,059,166
REPAIRS			101,102	50,844	149,910
TAXES-FICA				0	354,891
DEPRECIATION	22,342	3,172	1,702,399	856,136	1,187,658
EMPLOYEE BENEFITS				0	632,350
SUPPLIES	9,224	1,310	1,118	562	1,119,246
TELEPHONE			4,644	2,335	12,978
TRAVEL			497	250	71,194
OTHER INDIRECT COSTS	156,662	22,244	0	0	2,422,608
RENT			0	0	89,363
PHARMACEUTICALS			0	0	14,367,597
MISCELLANEOUS			1,539	774	808,007
ADVERTISING			0	0	2,090
OUTSIDE SERVICES	326,658	46,381	150,477	75,675	37,285,908
UTILITIES			192,867	96,993	201,986
POSTAGE AND PRINTING			169	85	17,214
REIMBURSEMENT			0	0	0
FREIGHT			0	318	19,393
INTEREST			0	984,649	495,180
TAXES			0	229,455	115,393
TOTAL EXPENSES	514,921	73,111	3,434,994	1,727,458	64,450,315
UBI TAX - 2006 Utah and Idaho Tax					19,273
CHARITABLE CONTRIBUTIONS					307,846
SPECIFIC DEDUCTION					1,000
NET INCOME (LOSS)	1,219,327	173,127	(451,561)	(227,090)	2,770,617

IHC Health Services, Inc.
Net Operating Losses
December 31, 2007

EIN: 94-2854057

<u>Year</u>	<u>Income / (Loss)</u>	<u>Utilized Loss</u>	<u>Remaining NOL</u>
12/31/2003	934,966	(467,483)	
12/31/2004	775,799	(775,799)	
12/31/2005	1,306,392	(1,306,392)	
12/31/2006	383,591	(383,591)	
12/31/2007	2,771,619	(2,771,619)	
12/31/2008	(6,191,495)	5,704,884	(486,611)